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Please Direct All Correspondence to Customer Number

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**REQUEST FOR CONTINUED EXAMINATION**

Applicant :  
App. No : 10/580922  
Filed : March 15, 2007  
For : LATENT PHASE VIRAL  
INTERLEUKIN-10-(VII-10) AND  
USES THEREOF  
Examiner :  
Art Unit :  
Conf # :

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 4, 2011

(Date)

\_\_\_\_\_  
Raymond D. Smith, Reg. No. 55,634

**Mail Stop RCE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

**NOTE:** If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

(X) Previously submitted:

(X) Consider the Amendment/Response under 37 C.F.R. § 1.116 previously filed on .

(X) Request for Non-Entry: Please do not enter the Amendment/Reply previously filed on .

2. Miscellaneous:

(X) Suspension of action on the above-identified application is requested under 37 CFR § 1.103(c) for a period of months. (Period of suspension shall not exceed three months).

3. Fees:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

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FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		2801 (\$405)		\$405
Suspension of Action		1463 (\$130)		\$*
Total Claims	* - *	2202 (\$26)	* x 26 =	\$*
Independent Claims	* - *	2201 (\$110)	* x 110 =	\$*
Multiple Claim		2203 (\$195)		\$*
1 Month Extension		2251 (\$65)		\$*
2 Month Extension		2252 (\$245)		\$*
3 Month Extension		2253 (\$555)		\$*
			<b>TOTAL FEE DUE</b>	<b>\$*</b>

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

4. Payment:

(X) The amount of \$\* will be paid via EFS Web.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,  
KNOBBE MARTENS OLSON & BEAR LLP

Dated: May 4, 2011

\_\_\_\_\_  
Raymond D. Smith  
Registration No. 55,634  
Agent of Record  
Customer No.  
(949) 760-0404

RCE

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